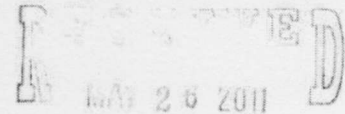


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May 21, 2011

To: Governor Christine Gregoire
Senator Mike Carrell
Representative Tami Green
Representative Troy Kelly



Subj: New WA Chronic Pain Management Rules (ESHB 2876)

This letter is to address the unintended consequences of the new chronic pain management rules in Washington. (ESHB 2876) The new laws are threatening adequate pain management for legitimate chronic pain patients. Primary care physicians are refusing to oversee pain management plans that include prescribing narcotics.

My husband has end stage liver disease. His liver cirrhosis is the result of non-alcoholic steatohepatitis. He did not develop cirrhosis through the abuse of drugs or alcohol. He suffers with central core pain in his stomach and abdomen from a shriveled liver and enlarged spleen. He has arthritis in his knees which causes constant pain especially as he walks. He has taken oxycodone 5 mg two or three times a day for more than a decade. The oxycodone has been an important part of his pain management program. He is unable to take non-prescription pain relievers because of the further damage those drugs will do to his liver. The oxycodone enables my husband to walk and stand. It helps him to be ambulatory which in turn helps to slow the progression of his liver disease. My husband with the narcotics treatment is able to ride the bus. He can help at home and enjoy his family. He cooks and fixes meals for families in need.

My husband has DSHS Provider One insurance. His primary care doctor is from Community Health. He has been at Community Health for three years. Community Health has made the decision not to treat chronic pain patients as a result of the implementation of ESHB 2876. Prior to Community Health, my husband's chronic pain was managed by Multicare. He has never abused chronic pain medication.

With no warning in March, my husband went to get his monthly prescription of 90 tabs 5mg oxycodone. He was told that Community Health would no longer prescribe narcotics to chronic pain patients. I have enclosed the explanation given by CH for no longer caring for chronic pain

patients. My husband was given 25 pills and told to ease himself off the oxycodone. This plan was ridiculous for someone who had taken pain medication for more than 10 years. My husband's liver disease prevents him from taking over the counter pain medication. The CH doctor had the audacity to recommend that my husband could have knee replacement surgery. My husband's platelet count is 22. It has been recommended by his liver specialist and the UW liver department that he can only have emergency surgery. Two years ago, he needed three platelet transfusions before he could have a spinal tap to diagnose meningitis.

Community Health cites the high level of suicide in chronic pain patients as a reason for not treating patient with narcotics. Removing pain medication from chronic pain patients in this manner can also create suicidal thoughts and extreme depression. My husband has gone from being an abled person to a disabled person in less than 45 days. He is walking with a cane due to his consistent and constant pain. He is unable to function fully without the pain medication.

Community Health referred my husband to a pain clinic. We went to Swedish Medical Center Pain Clinic. They agreed that my husband should be on pain medication. The problem is primary care physicians are not willing to care for chronic pain patients with narcotics in the light of the new rules in ESHB 2876. We have called a list of doctors provided to us from our insurance company, DSHS Provider One. The enactment of the upcoming ESHB is making chronic pain care unavailable to my husband and many other chronic pain patients. Franciscan Medical Group will not take new chronic pain patients. We have not found a new primary care doctor who will accept my husband because of the new laws regarding the chronic pain management.

The new law which is not fully in effect until July 1, 2011 is having tremendous impact on many chronic pain patients. Pain medication allows people with chronic diseases to be able stand and walk. Many of these chronic pain patients are able to work and enjoy their families despite living with terminal diseases and chronic pain issues. I would also question why the state has the right to interfere in the doctor patient relationship. There is no alternative pain therapy that will relieve the pain my husband has according to the pain clinics.

Please help me to get the care my husband needs. My husband has survived with God's help many physical challenges. I do believe that the depression and hopelessness that he is experiencing from the challenges presented by ESHB 2876 could possibly lead to my husband's condition continuing to deteriorate. My husband is 64 year old. Since going off the pain medication, he is having severe withdrawal issues and a return of his chronic pain. This bill must be changed to provide a way for terminal non-cancer patients to get the pain management care that they need to be comfortable and functional in our communities.

I am forwarding a copy of this letter to as many news organizations as possible and organizations interested in chronic pain management.

Sincerely,

Jennifer Passantino

Jennifer Passantino

cc: Pierce County Medical Society

Community Health Medical Director

KOMO TV News

KIRO TV News

KING TV News

✓ American Pain Foundation